

AUSTRALIAN CAPITAL TERRITORY.

Regulations 1946. No. 4.

Regulations under the Workmen's Compensation Ordinance 1946.

I, HERBERT VICTOR JOHNSON, the Minister of State for the Interior, in pursuance of the powers conferred by the *Workmen's Compensation Ordinance 1946*, hereby make the following Regulations.

Dated this tenth day of October, 1946.

VICTOR JOHNSON
Minister of State for the Interior.

WORKMEN'S COMPENSATION REGULATIONS.*

1. These Regulations may be cited as the Workmen's Compensation Regulations. short title.
- 2.—(1.) In these Regulations "the Ordinance" means the *Workmen's Compensation Ordinance 1946*. Interpretation.
(2.) Any reference in these Regulations to a form shall be read as a reference to a form in the Schedule to these Regulations.
3. A claim by a workman for compensation under the Ordinance shall be made in accordance with Form A and shall be delivered or sent by post in a registered letter to the person against whom the claim is made. claim by employee.
4. A claim by a dependant for compensation under the Ordinance shall be made in accordance with Form B and shall be delivered or sent by post in a registered letter to the person against whom the claim is made. Claim by dependant.
5. The fees payable to a medical practitioner or a medical referee shall be as follows:— Fees of medical referees.

	£	s.	d.
For a first examination	2	2	0
For any subsequent examination	1	1	0
6. The medical practitioner or medical referee to whom any matter is referred shall give a certificate in accordance with Form C. Form of medical certificate.
7. A workman shall not, after the expiration of one month from the date on which the first payment of compensation was made, be required to submit himself for medical examination pursuant to clause 9 of the First Schedule to the Ordinance except as follows:—
At reasonable hours, once a week during the second month, and once a month during the third, fourth, fifth and sixth months after that first payment, and thereafter, once every two months. Frequency of medical examinations.
8. Any employer who for the purpose of procuring the issue or renewal of a policy of insurance or indemnity supplies to an insurer Employer not to give false particulars.

* Notified in the *Commonwealth Gazette* on 17th October, 1946.

any information which is false in a particular, or who wilfully fails to observe any of the terms of the policy or indemnity shall be guilty of an offence.

Penalty: Fifty pounds.

Provisions of insurance policy.

9. Any insurer who issues a policy of insurance or indemnity to any employer in respect of that employer's liability under the Ordinance shall include in that policy all provisions determined by the Minister under sub-section (3.) of section eighteen of the Ordinance.

Penalty: Fifty pounds.

Returns by approved insurers.

10.—(1.) Every employer shall, not later than the thirtieth day of September, in each year, furnish to the Secretary, Department of the Interior, a return, in accordance with Form D in respect of the year ending on the preceding thirtieth day of June.

(2.) Every employer who fails to comply with the last preceding sub-regulation or who furnishes a return which is false in any particular shall be guilty of an offence.

Penalty: Ten pounds.

Compliance with forms.

11. Strict compliance with the forms in the Schedule shall not be required and substantial compliance shall suffice for the purposes of these Regulations.

Declarations.

12. Declarations under these Regulations may be made before any of the following persons:—

A postmaster or person in charge of a post office, a police or special magistrate, a justice of the peace, a barrister or solicitor, a school head teacher, a member of the police force, a legally qualified medical practitioner, a notary public, a commissioner for declarations, a minister of religion, or a member of Parliament.

THE SCHEDULE.

FORM A.

AUSTRALIAN CAPITAL TERRITORY.

Workmen's Compensation Ordinance 1946.

CLAIM FOR COMPENSATION BY INCAPACITATED WORKMAN.

To*

I [here write full name] of [here write full postal address] hereby claim compensation under the *Workmen's Compensation Ordinance 1946* in respect of personal injury sustained by me and arising out of and in the course of my employment and declare that, to the best of my knowledge and belief, the following replies to the questions and requests for information are true and correct in every particular:—

Questions and Requests for Information.	Replies.
In what capacity were you employed at the time of your injury ?	
State the nature of your injury ; also how, when and where it was caused	

* The claim should be addressed to the person, firm or company in or by which the workman was employed at the time of the accident.

THE SCHEDULE—*continued.*

Questions and Requests for Information.	Replies.
If you are claiming in respect of incapacity arising from an industrial disease :— (a) What is nature of the disease ? (b) When was it caused ? (c) When were you first incapacitated by such disease ? .. (d) What was the nature of your employment and for what period were you engaged thereon ? (e) If you have previously suffered from such disease state :— (i) The approximate date on which it first manifested itself (ii) The extent to which it interfered with your employment	
Was notice of the accident or incapacity served ? If so, on whom, and on what date ?	
Have you engaged in any employment since the date of your injury or incapacity ? If so, give full particulars	
If this claim is made more than six months after the occurrence of the accident or incapacity, give reasons for failure to make the claim within that period	
Have you a claim against any person, firm or company for compensation, or for any payment in respect of the injury under any other law in force in the Territory or any other place ?	

If you have any living children under the age of sixteen years, give particulars:—

Full names of children.	Dates of birth.	Extent of dependence on employee at time of injury.

Declared at _____ on the _____ day of _____ 19 .

Signature of Declarant

Before me †

‡

† The person before whom this declaration is made should sign here and add the title by which he takes the declaration, such as " Postmaster ", &c.

‡ The declaration may be made before any of the following persons :—

A postmaster or person in charge of a post office, a police or special magistrate, a justice of the peace, a barrister or solicitor, a school head-teacher, a member of the police force, a legally qualified medical practitioner, a notary public, a commissioner for declarations, a minister of religion, or a member of Parliament.

THE SCHEDULE—continued.

FORM B.

AUSTRALIAN CAPITAL TERRITORY.
Workmen's Compensation Ordinance 1946.

CLAIM FOR COMPENSATION BY DEPENDANT OF WORKMAN.

To*

I [here write full name] of [here write full postal address] hereby claim compensation under the *Workmen's Compensation Ordinance 1946* for myself and the children named below in respect of the death of [here write full name of deceased employee] and declare that, to the best of my knowledge and belief, the following replies to the questions and requests for information are true and correct in every particular:—

Questions and Requests for Information.	Replies.
In what capacity was the above-named workman employed at the time of his injury ?	
State the nature of such injury ; also how, when and where it was caused	
If the death of the workman was caused by an industrial disease :—	
(a) What was nature of disease ?	
(b) When was it caused ?	
(c) When was he first incapacitated by such disease ?	
(d) What was the nature of his employment and for what period was he engaged thereon ?	
(e) If he ever previously suffered from such disease, state :—	
(i) The approximate date on which it first manifested itself	
(ii) The extent to which it interfered with his employment	
Was notice of the accident or incapacity served ?	
If so, on whom and on what date ?	
What is your relationship to the deceased workman ?	
Were you dependent upon his earnings at the time of his death ? If so, state whether you were wholly dependent	
If you were only in part dependent, give full particulars	
Was any other person contributing towards your maintenance at the time of his death, or did you at that time have any other means of support ?	
If so, give full particulars	
Are you in receipt of an Invalid or Old-age Pension ?	
If so, give particulars	
Are you receiving or entitled to receive any payment under any law other than the <i>Workmen's Compensation Ordinance 1946</i> in respect of the death of the aforesaid workman ?	
If so, give particulars	
Give the names, addresses, and relationships to the workman, of all other persons (except children) known to you, who were dependent upon his earnings at the time of his death	
If this claim is made more than six months after the accident or incapacity, give reasons for failure to make the claim within that period	
Have you a claim against any person, firm or company for compensation, or for any payment in respect of the injury under any other law in force in the Territory or any other place ?	

* The claim should be addressed to the person, firm or company in or by which the workman was employed at the time of the accident.

THE SCHEDULE—*continued.*

Full names of children of deceased workman.	Dates of birth.	State whether wholly dependent on earnings of workman at time of his death.	If not wholly dependent, give full particulars.

Declared at _____ on the _____ day of _____ 19 .
 Signature of Declarant
 Before me †
 ‡

The person before whom this declaration is made should sign here and add the title by which he takes the declaration, such as "Postmaster", &c.

† The declaration may be made before any of the following persons:—

A postmaster or person in charge of a post office, a police or special magistrate, a justice of the peace, a barrister or solicitor, a school head-teacher, a member of the police force, a legally qualified medical practitioner, a notary public, a commissioner for declarations, a minister of religion, or a member of Parliament.

[*Front of Form.*]

FORM C.

AUSTRALIAN CAPITAL TERRITORY.

Workmen's Compensation Ordinance 1946.

REPORT OF MEDICAL REFEREE, OR MEDICAL PRACTITIONER.

I, _____, a Medical Referee appointed under the *Workmen's Compensation Ordinance 1946*, or Medical Practitioner, have this day examined _____ of _____, a claimant for compensation under the above-named Ordinance. On examination—

I find that claimant is suffering from (a) _____

The above condition is the result of (b) _____ and is such that the claimant is thereby incapacitated at present to the extent of _____ per cent. of total incapacity at his usual occupation, and _____ per cent. of total incapacity in the general labour market. Claimant is fit to undertake employment in such occupations as _____

(c) The above condition is the result of _____ an industrial disease mentioned in the first column of the Fourth Schedule to the above-named Ordinance. Such disease ^{*was} caused within twelve months prior to the date of claimant's becoming incapacitated by his employment by _____ in the process of _____

In my opinion claimant ^{*has} has not previously suffered from the above-mentioned industrial disease. The disease ^{*is} is not of such a nature as is contracted by a gradual process.

General remarks—

*Medical Referee.
 Medical Practitioner.

Date / / 19 .

* Strike out what is inapplicable.

(a) Fully describe claimant's condition.

(b) State whether accident or industrial disease.

(c) This part to be filled in only in case of claimant suffering from an industrial disease.

Attention is invited to the provisions of the Third and Fourth Schedules to the Ordinance, copies of which are shown on the back of this form.

Form D.
Reg. 10.AUSTRALIAN CAPITAL TERRITORY.
WORKMEN'S COMPENSATION REGULATIONS.*Return of Insurances effected by Employers during the year ending on
the 30th June,*The Secretary,
Department of the Interior,
CANBERRA.In accordance with regulation 10 of the Workmen's Compensation Regulations,
the following return is furnished in respect of the insurances effected during
the year ending on the 30th day of June, :—

Name of Employer indemnified.	Establishment or Industry.	Number of Employees covered.	Amount of Premium.	Date to which Premium paid.	Number of injuries.	Compensation paid.

Employer or Agent.

Date,

By Authority: L. F. JOHNSTON, Commonwealth Government Printer, Canberra.